

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/068,271 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	(1)		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/					
10	/		/			
11	/		/			
12	/		/			
13	2		/			
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TOTAL IND.			5			
TOTAL DEP.			12			
TOTAL CLAIMS			17			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
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TOTAL CLAIMS					